

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>8/12/04</u>	2 Serial/Patent # <u>10/706,644</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
Filing			\$						
Amendment			\$						
Extension of Time			\$						
Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/> Petition		<u>6/11/04</u>	\$ 130						
Issue			\$						
Cert of Correction/Terminal Disc.			\$						
Maintenance			\$						
Assignment			\$						
Other			\$						
		7 TOTAL AMOUNT OF REFUND	\$ 130						
		8 TO BE REFUNDED BY:							
<input type="checkbox"/> Overpayment		Treasury Check							
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Patent granted</i>		9 <table border="1"><tr><td>0</td><td>3</td><td>2</td><td>7</td><td>6</td><td>9</td></tr></table>		0	3	2	7	6	9
0	3	2	7	6	9				
10 REASON:									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>CHARLEMA GROUT</u>		TITLE: <u>attorney</u>							
SIGNATURE: <u>Charlema Grout</u>		PHONE: <u>306-0251</u>							
OFFICE: <u>Patent</u>		*****							
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED: <u>W.W. W.</u>		DATE: <u>8/16/04</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B